

Effective 04/01/2003

101087.455

(Column 1)	(Column 2)
1	2
3	4
5	6
7	8
9	10
11	12
13	14
15	16
17	18
19	20
21	22
23	24
25	26
27	28
29	30
31	32
33	34
35	36
37	38
39	40
41	42
43	44
45	46
47	48
49	50
51	52
53	54
55	56
57	58
59	60
61	62
63	64
65	66
67	68
69	70
71	72
73	74
75	76
77	78
79	80
81	82
83	84
85	86
87	88
89	90
91	92
93	94
95	96
97	98
99	100

TOTAL CLAIMS	Column 1	Column 2
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	18 minus 20 =	*
INDEPENDENT CLAIMS	1 minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

SMALL ENTITY
TYPE ☐

RATE	FEE		RATE	FEE
BASIC FEE	\$325	OR	BASIC FEE	\$470
X\$9 =		OR	X\$8 =	
X\$3 =		OR	X\$6 =	
+145 =		OR	+990 =	
TOTAL		OR	TOTAL	

(Column 1)	(Column 2)	(Column 3)
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AMENDMENT A	Column 1		Column 2		Column 3
		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	13	Minus	** 20	=
Independent	*	3	Minus	*** 3	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					

SMALL ENTITY	OR	OTHER THAN SMALL ENTITY
<p>1. Name of the applicant:</p> <p>2. Address of the applicant:</p> <p>3. City:</p> <p>4. State:</p> <p>5. Zip:</p> <p>6. Title of the inventor:</p> <p>7. Name of the inventor:</p> <p>8. Address of the inventor:</p> <p>9. City:</p> <p>10. State:</p> <p>11. Zip:</p> <p>12. Name of the assignor:</p> <p>13. Address of the assignor:</p> <p>14. City:</p> <p>15. State:</p> <p>16. Zip:</p> <p>17. Name of the assignee:</p> <p>18. Address of the assignee:</p> <p>19. City:</p> <p>20. State:</p> <p>21. Zip:</p> <p>22. Name of the licensee:</p> <p>23. Address of the licensee:</p> <p>24. City:</p> <p>25. State:</p> <p>26. Zip:</p> <p>27. Name of the licensee:</p> <p>28. Address of the licensee:</p> <p>29. City:</p> <p>30. State:</p> <p>31. Zip:</p> <p>32. Name of the licensee:</p> <p>33. Address of the licensee:</p> <p>34. City:</p> <p>35. State:</p> <p>36. Zip:</p> <p>37. Name of the licensee:</p> <p>38. Address of the licensee:</p> <p>39. City:</p> <p>40. State:</p> <p>41. Zip:</p> <p>42. Name of the licensee:</p> <p>43. Address of the licensee:</p> <p>44. City:</p> <p>45. State:</p> <p>46. Zip:</p> <p>47. Name of the licensee:</p> <p>48. Address of the licensee:</p> <p>49. City:</p> <p>50. State:</p> <p>51. Zip:</p> <p>52. Name of the licensee:</p> <p>53. Address of the licensee:</p> <p>54. City:</p> <p>55. State:</p> <p>56. Zip:</p> <p>57. Name of the licensee:</p> <p>58. Address of the licensee:</p> <p>59. City:</p> <p>60. State:</p> <p>61. Zip:</p> <p>62. Name of the licensee:</p> <p>63. Address of the licensee:</p> <p>64. City:</p> <p>65. State:</p> <p>66. Zip:</p> <p>67. Name of the licensee:</p> <p>68. Address of the licensee:</p> <p>69. City:</p> <p>70. State:</p> <p>71. Zip:</p> <p>72. Name of the licensee:</p> <p>73. Address of the licensee:</p> <p>74. City:</p> <p>75. State:</p> <p>76. Zip:</p> <p>77. Name of the licensee:</p> <p>78. Address of the licensee:</p> <p>79. City:</p> <p>80. State:</p> <p>81. Zip:</p> <p>82. Name of the licensee:</p> <p>83. 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RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$9=		OR	X\$18=	
X13=		OR	X26	
+145=		OR	690=	
TOTAL ADDIT. FEE	—	OR	TOTAL ADDIT. FEE	—

AMENDMENT B	(Column 1)	(Column 2)	(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	** =
Independent	*	Minus	*** =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
X\$9=		OR	X\$18=	
X\$43=		OR	X\$86=	
+145=		OR	690=	
TOTAL ADDITIONAL FEE		OR	TOTAL ADDITIONAL FEE	

AMENDMENT C	(Column 1)		(Column 2)	(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$9=		OR	X\$18=	
X\$3=		OR	X\$6=	
+ \$45=		OR	+ \$70=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.